

ATTACHMENT 1

Allowable Procedure Codes for Outpatient Physical Therapy Services

(Effective for Dates of Service on and After March 1, 2006)

Evaluations					
Procedure Code	Description	Limit Per Day	Service May Be Provided by a Physical Therapist Assistant	Copayment	Maximum Allowable Fee
97001	Physical therapy evaluation [15 minutes]	Not applicable	No	\$1	\$18.13
97002	Physical therapy re-evaluation [15 minutes]	2 per day	No	\$1	\$13.56

Modalities					
Procedure Code	Description	Limit Per Day	Service May Be Provided by a Physical Therapist Assistant	Copayment	Maximum Allowable Fee
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care	1 per day	Yes	\$1	\$22.16
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281	1 per day	Yes	\$1	\$22.16
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	1 per day	Yes	\$1	\$22.16
90901	Biofeedback training by any modality [15 minutes]	Not applicable	Yes	\$2	\$46.12
97012	Application of a modality to one or more areas; traction, mechanical	1 per day	Yes	\$2	\$25.52
97016	vasopneumatic devices	1 per day	Yes	\$1	\$24.94
97018	paraffin bath	1 per day	Yes	\$1	\$18.75
97020	microwave	1 per day	Yes	\$1	\$18.31
97022	whirlpool	1 per day	Yes	\$2	\$25.52
97024	diathermy	1 per day	Yes	\$1	\$18.85
97026	infrared	1 per day	Yes	\$1	\$17.74
97028	ultraviolet	1 per day	Yes	\$1	\$22.16

Modalities (Continued)

Procedure Code	Description	Limit Per Day	Service May Be Provided by a Physical Therapist Assistant	Copayment	Maximum Allowable Fee
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes	Not applicable	Yes	\$1	\$22.16
97033	iontophoresis, each 15 minutes	Not applicable	Yes	\$1	\$23.28
97034	contrast baths, each 15 minutes	Not applicable	Yes	\$1	\$15.77
97035	ultrasound, each 15 minutes	Not applicable	Yes	\$1	\$18.31
97036	Hubbard tank, each 15 minutes	Not applicable	Yes	\$2	\$34.85
97039	Unlisted modality (specify type and time if constant attendance)	1 per day	Yes	\$2	\$31.05

Therapeutic Procedures

Procedure Code	Description	Limit Per Day	Service May Be Provided by a Physical Therapist Assistant	Copayment	Maximum Allowable Fee
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Not applicable	Yes	\$2	\$29.59
97112	neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	Not applicable	Yes	\$2	\$29.10
97113	aquatic therapy with therapeutic exercises	Not applicable	Yes	\$2	\$36.59
97116	gait training (includes stair climbing)	Not applicable	Yes	\$2	\$28.83
97124	massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	Not applicable	Yes	\$1	\$23.18
97139	Unlisted therapeutic procedure (specify)	Not applicable	Yes	\$1	\$19.24
97140	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	Not applicable	When appropriate*	\$2	\$25.28
97520	Prosthetic training, upper and/or lower extremities, each 15 minutes	Not applicable	Yes	\$1	\$17.51
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	Not applicable	Yes	\$2	\$31.06

Therapeutic Procedures (Continued)					
Procedure Code	Description	Limit Per Day	Service May Be Provided by a Physical Therapist Assistant	Copayment	Maximum Allowable Fee
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes	Not applicable	Yes	\$1	\$18.68
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	Not applicable	Yes	\$1	\$20.72
97542	Wheelchair management/propulsion training, each 15 minutes	Not applicable	Yes	\$1	\$18.75
97597	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters	1 per day	No	\$2	\$41.93
97598	total wound(s) surface area greater than 20 square centimeters	1 per day	No	\$3	\$53.53

Other Procedures					
Procedure Code	Description	Limit Per Day	Service May Be Provided by a Physical Therapist Assistant	Copayment	Maximum Allowable Fee
93797	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	1 per day	No	\$2	\$27.72
93798	with continuous ECG monitoring (per session)	1 per day	No	\$2	\$43.79
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	1 per day	No	\$1	\$16.64
94668	subsequent	1 per day	No	\$1	\$10.25

*When provided by physical therapist assistants, Medicaid reimbursement is not available for myofascial release/soft tissue mobilization for one or more regions or joint mobilization for one or more areas (peripheral or spinal).

Notes: Procedure codes for many physical therapy (PT) services are defined as 15 minutes. One unit of these codes = 15 minutes. If less than 15 minutes is used, bill in decimals. For example, 7.5 minutes = .5 units.

All other procedure codes for PT services do not have a time increment indicated in their description. For these procedure codes, a quantity of "1" indicates a complete service.